

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000258

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

22

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in 1b

2 1/2 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR UNIVERSITY OF MO
INSTITUTION medical center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

Allenton

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Rudolph

Miller

4. DATE
OF DEATH

Month

Day

Year

1-12-62

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

7-12-32

9. AGE (last birthday)

29

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

South Dakota

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Alanzo Miller

13b. MOTHER'S MAIDEN NAME

Julia Meldehl

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

University of Mo Medical Records

18. CAUSE OF DEATH (Enter only one cause per line for PART I. Death was caused by:

PART I. IMMEDIATE CAUSE (a)

IMMEDIATE CAUSE (a)

Mitral Stenosis + Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

4-5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Rheumatic Valvulitis

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Post Operative Day

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-9-62 to 1-12-62 and last saw him alive on 1-12-62
Death occurred at 12:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. Peter Ekern, M.D.

22b. ADDRESS

Univ. Hosp. Columbia

22c. DATE SIGNED

1-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1-12-62

23c. NAME OF CEMETERY OR CREMATORY

Bourbon Cem Bourbon Mo

23d. LOCATION (City, town, or county)

BARKWILL

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Parber Funeral Service

Columbia Mo

25. DATE RECD. BY LOCAL REG.

Jan 12, 1962

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Tom M. Harg

Licensed Embalmer No.

52067

P. O. Address

Columbiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.